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CONFIRMATION NO. 4567

Bib Data Sheet

SERIAL NUMBER 10/710,568	FILING OR 371(c) DATE 07/21/2004 RULE	CLASS 356	GROUP ART UNIT 2877	ATTORNEY DOCKET NO. 240406172004
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** CONTINUING DATA ***** *None*** FOREIGN APPLICATIONS ***** *None*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **
 08/24/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 3	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	<i>[Signature]</i> Examiner's Signature	<i>[Initials]</i>			

ADDRESS

26496

TITLE

IMPROVED DESIGN FOR PARTICLE SENSOR SYSTEM

FILING FEE RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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